

MEMORANDUM

TO: DDSN Regional Centers

FROM: Kathi K. Lacy *Kathi K. Lacy*
Associate State Director, Policy

RE: Directive 603-03-DD

DATE: July 21, 2009

The South Carolina Department of Disabilities and Special Needs (DDSN) recently circulated Departmental Directive 603-03-DD for comment with an effective date of July 15, 2009. Thanks to everyone who submitted comments. Please reference the table below for the number, name and status of the directive which is now published on DDSN's website at www.ddsn.sc.gov

Reference #	Directive Title	Status	Applicability
603-03-DD	Dental Treatment for Uncooperative Consumers	Revised	DDSN Regional Centers

Revisions: A couple of minor changes relating to the general anesthesia section of the RC Dental Management Directive 603-03-DD

Reference Number: 603-03-DD
Title of Document: Dental Treatment for Uncooperative Consumers
Date of Issue: August 1, 1989
Effective Date: August 1, 1989
Last Review Date: July 15, 2009
Date of Last Revision: July 15, 2009 (**Revised**)
Applicability: DDSN Regional Centers

PHILOSOPHY/PURPOSE

It shall be the philosophy of a Regional Center dental program to provide the highest quality of dental service to all individuals consistent with their abilities. Since many individuals do not cooperate during treatment procedures, the use of behavior modification techniques, dental restraints, conscious sedation, and/or general anesthesia is often necessary to safely accomplish dental treatment, and to allow dental services to be provided in the least restrictive manner. It is understood that without the use of dental restraints, conscious sedation and, on occasion, general anesthesia, comprehensive dental services for some individuals would be impossible.

The definition of the words as used in this document are as follows:

Must or shall: indicates mandatory

Should: indicates desirable

May or could: indicates discretionary

These guidelines are intended to support, not supplant, the clinical judgment of the individual dental practitioner.

USE OF BEHAVIOR MODIFICATION/FAMILIARIZATION TRAINING

One should not automatically consider a person with developmental disabilities to be a dental management problem. A small percentage of those individuals who do present behavioral/cooperation problems can be treated using behavioral modification techniques adapted from those employed by psychologists and special educators.

Many dentists, especially pediatric dentists and institutional dentists, automatically use many of these approaches (e.g. verbal praise) with all dental patients. One limitation to these methods is the time factor. It is simply not feasible for the dentist to spend multiple hours attempting to encourage a patient to keep his/her mouth open. An additional point is that these techniques tend to be preventive, not prescriptive, in nature and their success is limited to managing mild maladaptive behaviors.

Once an individual is behaving in an unsafe manner (e.g. injuring himself), these measures are of little value. The following are some preventive behavior management techniques available to the dentist and are used based upon specific characteristics of individuals.

- A. Use of longer periods of instruction.
- B. More frequent repetition of instructions.
- C. Use of concrete terminology.
- D. Greater use of visual cues.
- E. Reducing distractions.
- F. Encouraging consistency within the dental environment.
- G. Higher frequency of positive reinforcement, training and other behavioral management techniques.
- H. Dental Familiarization Training

Based upon current DDSN health care guidelines, it would be important, when indicated, to document those behaviors which cannot be managed by less restrictive techniques including familiarization training before proceeding to restraints and/or sedation. Continuing efforts to fade the use of restraints and/or sedation via dental familiarization should take place as appropriate.

Necessary treatment should not be delayed for behavior modification training if such a delay could result in increased morbidity.

DENTAL RESTRAINTS DURING DENTAL PROCEDURES

A considerable number of individuals with moderate behavioral problems can be treated with the use of simple restraints without the concomitant use of sedation. These restraints vary from

simple arm/ wrist and body restraints to the use of full body wraps (e.g. Pedi-Wrap, Papoose board or sheets). Dental restraints are medical and therapeutic in character, temporary in employment and should not be guided by many of the limitations and restrictions associated with use of general behavioral restraints.

When an individual requires restraints to receive dental treatment, a record of this shall be made in the dentist's notes and the consumer's Support Plan. Use of planned dental restraints requires the informed consent of the designated consent giver. These planned restraints must also be reviewed and approved by the Regional Center Human Rights Committee (HRC). This documentation/consent/HRC approval must be updated at least annually. If an individual is approved to receive planned dental restraints, dental familiarization will be utilized as appropriate to support dental treatment.

Since the necessity for use of physical restraints cannot always be predicted prior to dental treatment, unplanned restraint use and the reasons for it will be documented in the dental progress notes following treatment. Recurring use of unplanned restraints will require review by the interdisciplinary team to determine if a plan of intervention is needed.

If a restraint device is used, appropriate monitoring of the individual will occur. The head position should be checked to ensure a patent airway. At no time shall a restrained individual be left unobserved while in the dental clinic.

For certain individuals, health protection devices are necessary for positioning and support. Due to physical conditions, such as spasticity or involuntary muscle contractions, the same devices used as dental restraints on some individuals, serve as positioning and support devices for others, and used in this manner, are health protection devices. Justification for the planned use of these devices will be made in the individual's Support Plan. Use of these devices will require informed consent of the designated consent giver but should not require review/approval by the HRC.

USE OF SEDATION

When an individual requires sedation to receive dental treatment, a record will be made in the dentist's notes and the individual's Support Plan. Use of sedation requires consent by the designated consent giver and approval by the HRC. This documentation/consent/HRC approval must be updated at least annually. If an individual is approved to receive planned sedation dental familiarization will be utilized as appropriate to support dental treatment.

A. Introduction

These guidelines address three (3) major issues:

1. The choice of drugs, dosage and route of administration during dental procedures is the responsibility of the individual dental practitioner and/or physician.
2. It is the responsibility of the facility to provide the dental staff with access to continuing education and programs necessary to maintain and/or improve current levels of skill (e.g. meetings, CPR certification and infection control updates).

3. The facility must assure that dental services are provided by trained professionals and are provided in a safe, properly equipped environment in which individuals requiring dental sedation may be treated and monitored post operatively by appropriate staff.

B. Indication

Sedation is indicated for uncooperative individuals, including many with accompanying medical and physical disabilities, for whom less restrictive management modalities are ineffective. The goals of sedation are similar to those in the private sector (e.g. allaying anxiety and fear, and raising pain threshold), but it is primarily used at regional centers to address severe dental management problems characterized by aggressive, combative behavior, and self abuse. The goal of sedation procedures should be to provide optimal and comprehensive dental services with maximum safety and comfort to the individual without the use of more involved procedures such as general anesthesia.

C. Definition of Sedation

Conscious Sedation: Conscious sedation is a minimally depressed level of consciousness that retains the individual's ability to maintain a patent airway independently and continuously, and to respond appropriately to physical stimulation and/or verbal command. The drugs and techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

Deep Sedation: Deep sedation is a controlled state of depressed consciousness or unconsciousness from which the individual is not easily aroused and which may be accompanied by a partial or complete loss of protective reflexes, including the ability to maintain a patent airway independently and to respond purposefully to physical stimulation or verbal command.

THE TERM SEDATION, WHEN USED WITHIN THESE GUIDELINES, ALWAYS REFERS TO CONSCIOUS SEDATION.

D. Facilities and Equipment

It is the responsibility of the facility to provide a safe environment in which to treat individuals who require sedation for dental services.

The dental facility shall have a positive pressure oxygen delivery system that is capable of administering greater than 90% oxygen at a 5 liter/minute flow for at least 60 minutes. This equipment should accommodate both children and adults. If the facility provides nitrous oxide/oxygen sedation, this equipment should provide a maximum of 100% and never less than 25% oxygen concentration at a flow rate appropriate to the individual's needs and have the standard fail-safe system which is in place on all DDSN nitrous equipment.

When sedation is provided at a facility, it shall be the responsibility of that facility to provide the dentist with equipment that is appropriate for the technique being used. It is the responsibility of the administering dentist and facility to assure the accessibility and proper functioning of this equipment.

An emergency cart/kit must be readily accessible and will include the necessary drugs and equipment to resuscitate a non-breathing and unconscious patient and to provide continuous support while that individual is being transported to a medical facility. The drugs contained on the emergency cart should be checked and maintained appropriately, according to DHEC regulations.

E. Monitoring

During the dental procedure, a sedated individual's consciousness and responsiveness shall be appropriately monitored by licensed dentists or physicians who are trained in monitoring and resuscitation procedures. The monitoring process may be performed by visual, mechanical or electrical means. However, many individuals present with combative, aggressive and totally uncooperative behavior which renders recording of vital signs impossible and meaningless. Thus, the practitioner should utilize other signs of the degree of the individual's consciousness or responsiveness.

If a restraint device is used in conjunction with sedation, appropriate monitoring of the individual will occur. The head position should be checked to ensure a patent airway. At no time shall a sedated individual be left unobserved while in the dental clinic.

F. Documentation

The practitioner shall be familiar with the current medical history and physical examination information regarding the individual. This information should be readily available. When utilizing sedation medications, pertinent information should be clearly entered into the dental progress notes. All entries shall be signed and titled by the appropriate practitioner.

G. General Anesthesia

1. General anesthesia is necessary for only a small percentage of individuals. Although general anesthesia is indicated for only a small percentage of individuals, it is a vital component in the array of dental treatment modalities for people with mental retardation. The major considerations that influence the requirement for general anesthesia are:
 - a. The existence of a severe dental management problem not amenable to the use of sedation and/or restraints, and/or
 - b. An extensive amount of dental treatment needed.
2. Since general anesthesia is not administered at Regional Centers, the Regional Center dentist will make a referral to an appropriate specialist.
3. Documentation of informed consent is the responsibility of the attending specialist.

Summary

When treating individuals who do not cooperate with dental treatment, it is the responsibility of the dental practitioner to determine whether behavioral modification, physical restraints, sedation, general anesthesia or any combination is appropriate to allow for safe dental treatment. The use of sedation for some dental patients is a necessary and

routine treatment modality and in no way should be confused with use of psychotropic medications employed on a regular basis to address general behavioral problems. It is the responsibility of the facility to provide a safe environment for dental sedation and to help provide the practitioner with access to the most current information and professional training.

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